


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90036 050 \*\*\*\*50.00

<b>DOCUMENT # L05000019236</b>	
1. Entity Name <b>B&amp;E INVESTMENTS OF ENGLEWOOD, LLC</b>	

Principal Place of Business <b>1900 LAND O LAKES BOULEVARD STE 117 LUTZ, FL 33549</b>	Mailing Address <b>1900 LAND O LAKES BOULEVARD STE 117 LUTZ, FL 33549</b>
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2. Principal Place of Business <b>20621 Arthur Ct</b> Suite, Apt. #, etc.	3. Mailing Address <b>20621 Arthur Ct</b> Suite, Apt. #, etc.
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City & State <b>Lutz, FL</b>	City & State <b>Lutz, FL</b>
Zip <b>33558</b>	Country <b>USA</b>

	
01082006 Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>20-2368269</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HANEWINCKEL, DEAN 2650 SOUTH MCCALL ROAD ENGLEWOOD, FL 34224</b>	
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7. Name and Address of New Registered Agent Name <b>Lussenden, Brian D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>20621 Arthur Ct.</b> City <b>Lutz</b> FL Zip Code <b>33558</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <b>Brian D. Lussenden</b>	DATE <b>1/8/06</b>

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUSSENDEN, BRIAN D 1900 LAND O LAKES BOULEVARD STE 117 LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lussenden Brian D. 20621 Arthur Ct Lutz, FL 33558 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WUDYKA, EDWIN T 1046 RUISDAEL CIRCLE NOKOMIS, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <b>Brian D. Lussenden</b>	DATE <b>1/8/06</b>	DAYTIME PHONE # <b>813 948-2239</b>
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